COMMONWEALTH OF KENTUCKY NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION FOR AIR QUALITY

Visible Emissions Evaluation Course

*Registration Form

Please type or print clearly

1.	NAME:(Last)			
2.	JOB TITLE: (Last)		(First)	(Middle Initial)
•	EMPLOYER:			
•	BUSINESS MAILING ADDRESS:			
	_			
5.	EMPLOYER'S ADDRESS:	(City)	(State)	(ZIP Code)
	(If different from above)	(P.O. Box or Street)		
	RUSINESS TELEPHONE:	(City)	(state)	(Zip Code)
	BUSINESS TELEPHONE:	(Area Code)	(Number)	(Extension)
	PRIMARY JOB FUNCTION:			
	DATE OF TRAINING FOR WHICH REGISTRATION IS THIS REGISTRATION IS FOR (Check One):		S BEING MADE: Original Kentucky Certification Recertification	
0.	DATE OF LAST KENTUCKY CERTIF	FICATION:		
11.	HAVE YOU RECEIVED CERTIFICATION IN VISIBLE EMISSIONS FROM ANY ORGANIZATION OTHER THAN THE KENTUCKY DIVISION FOR AIR QUALITY?			
	YES (If yes, please complete the following)	llowing:)		NO
	NAME OF ORGANIZATION:			
	ADDRESS			
	DATE OF CERTIFICATION			
2.	SIGNATURE OF REGISTRANT:		DATE:	
PLEA	SECONTACT MR. GERALD SLUCHER OR WILL	JAM SUDDUTH A	Γ (502) 573-3382 IF YOU HAVE ANY Q	

Kentucky Division for Air Quality

Technical Services Branch 803 Schenkel Lane

Frankfort, Kentucky 40601

*Due to the nature of some of the material in this course it is strongly suggested that registrants have at least a high school diploma or equivalent.

DEP6028